

Another New Frontier: Hip Arthroscopy

James P. Tasto, MD

In “5 Points on Arthroscopic Treatment of Femoroacetabular Impingement,” Dr. Sampson gives us a comprehensive and succinct description of the state of the art of hip arthroscopy. This rather unique subspecialty has grown immensely over the past few years. After more than a century of conventional open hip surgery, the arthroscope has introduced diagnostic and treatment options for any number of new conditions that have been poorly recognized in the past. Open procedures have offered solutions that carry far more morbidity than the current arthroscopic techniques.

With all new and innovative procedures in medicine, we have to guard against becoming so evangelical in our zeal to advance that we close our minds to the necessity of outcome measures. Defining the role of arthroscopy in the treatment of osteoarthritis of the hip will require the same scrutiny that we are now exercising in the knee. Expanding the indications without analyzing our results will only result in others putting restrictions on the procedure.

Who should be doing hip arthroscopy? This is a technically demanding procedure, and the number of patients who require the operation is limited. Perhaps this is an example of a procedure that should be performed by a select number of surgeons in each community. My observations lead me to believe that this is already happening. Although surgical skills courses are being taught, it is still unclear how many participants actually return home to embark on this exiting new operation.

When and how should this be taught? There are a number of private courses as well as those being held at the Orthopaedic Learning Center



“Defining the role of arthroscopy in the treatment of osteoarthritis of the hip will require the same scrutiny that we are now exercising in the knee.”

(OLC) in Chicago, Illinois. Industry-sponsored courses are generally less expensive but offer no CME credit and have faculty that are usually champions of a special technique and specific products. This is a very useful and sound ethical approach. Courses sponsored by organizations such as the Arthroscopy Association of North America (AANA) at the OLC offer CME credits and usually have a very diverse faculty with varying opinions and techniques. This state-of-the-art facility has recently spent \$1.2 million in upgrades and is probably the premier surgical skills facility in the country.

Cadaveric training is mandatory in developing the skills necessary to perform the type of procedures that are evolving, as is spending time with a mentor who is skilled in this technique. Cadaveric specimens are increasing in cost, and surgical skills training is becoming more expensive while discretionary income is being reduced. There is hope that innovative methodologies, such as use of models and simulators, will evolve to help broaden our exposure to new techniques.

The evolving role of hip arthroscopy is another example of the success of minimally invasive surgery (MIS) and, in particular, arthroscopy. There will come a time when more than 90% of current operative procedures will be performed under the mantra of MIS. As surgeons collaborate with industry in developing those techniques that are of great benefit to patients and society, the insurance carriers and the government will continue to reduce the compensation, on the basis of shorter procedural times and outpatient surgery. Ironically, the more we improve our techniques as well as attempt to cut costs by means of shortened hospital stays, the more we are penalized as a profession. ■

Dr. Tasto, this journal's Department Editor for Socioeconomics and Practice Management, is Clinical Professor, Department of Orthopaedic Surgery, University of California, San Diego, and is affiliated with San Diego Sports Medicine & Orthopaedic Center, San Diego, California.

Dr. Tasto wishes to note that he is on the board of the Orthopaedic Learning Center, a nonprofit venture of the AAOS and AANA.

Am J Orthop. 2008;37(12):607. Copyright 2008, Quadrant HealthCom, Inc. All rights reserved.